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Identifying Depression in the Elderly

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Problem

- Depression is a mood disorder characterized by a depressed mood, lack of interest in daily activities, and multiple other neurovegetative symptoms that significantly alters the quality of life of several individuals across multiple age groups, including the elderly.
- 15-20% of older adults in the US have experienced depression[1]
- Vermont's population is rapidly aging; by 2030 over 29% of Vermonters will be 60 years of age or older [2]
  - The group of adults 85 years and older in Addison County is the fast growing group in Vermont[3]
- However, only 5% of Vermonters over 65 are EVER diagnosed with depression[2].

Public Health Cost

- Untreated depressed older adults are more likely to present in the Emergency Room, be hospitalized, and go to the doctor[4]
- Studies show that older patients with depression and chronic disease had significant higher total heath care costs than those who had chronic disease but were not depressed
  - $22,960 vs 11,956[5]
- Depression is a major risk for suicide. Older adults make up approximately 15% of completed suicides in the US[2].
- With the rapidly aging population in Addison county (see previous slide), this represents a significant public health cost, both financially as well as socially.
- Increased diagnosis and subsequent treatment, whether behavioral or pharmacological, will lead to decreased costs and increased quality of life.

Community Perspective

- **“ Many people are unaware that there are several types of depression…often times a person is not diagnosed for depression because he/she believes their symptoms are directly related to a specific life event and will therefore dissipate in time”**
  - Tarn Martin MSW, Behavioral Health Consultant, Community Health Team, Porter Medical Center
- **“Depression is not a normal part of aging…The more awareness people have of the illness of depression and the more they understand that depression is not a normal part of aging… and we too in the health profession are aware, the better for our elders.”**
  - Social worker at Elderly Services in Middlebury, VT

Intervention and Methodology

Intervention:

- Both the physicians as well as the behavioral health consultant at Middlebury Family Health (MFH) felt that many of the elderly patients and their caregivers who were patients at the practice did not recognize the presenting signs of late life depression. The providers felt that the patient population at MFH would benefit from more information about both clinical features of geriatric depression, as well as available community resources to improve patient symptoms. The mental health consultant felt that being able to reach out to patients who may be pre-contemplative about their illness would also provide additional value.

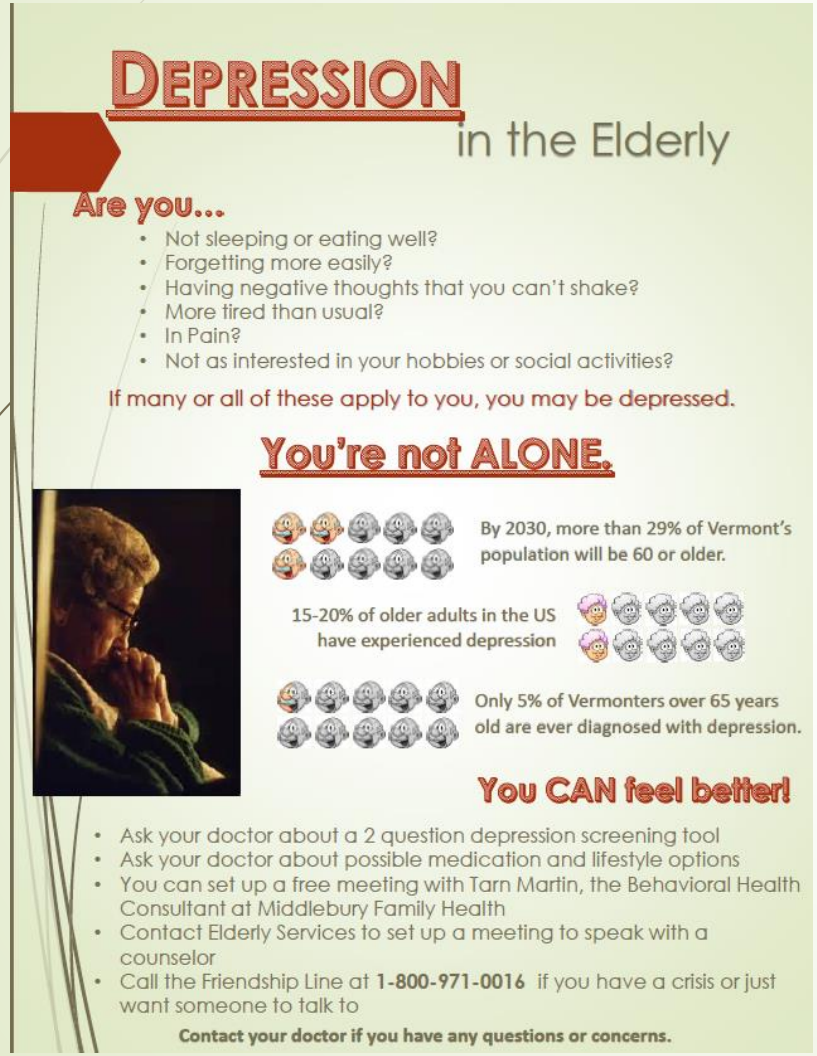
Method:

- A literature search was conducted to find out the most common presenting symptoms of depression in the elderly, risk factors, and available community resources. An easy to read flyer as well as a more detailed patient education handout were created.

Results

- A flyer was created to post in patient rooms, lab area, as well as in the waiting room for patients to read about possible signs of depression and available community resources (on next slide)
- A more detailed patient education handout was created to put in the patient handout directory on the medical record system, which can be distributed at the physician and counselor's discretion.
- Both flyer and handout were introduced to all five physicians at Middlebury Family Health as well as the Mental Health Consultant, so that they would be aware that they could distribute these materials to at-risk patients.
  - The providers at MFH were very enthusiastic about the materials, and certain providers learned about statistics and signs of geriatric depression that they did not know about previously.

Results- Flyer and Handout



DEPRESSION in the Elderly

Are you...

- Not sleeping or eating well?
- Forgetting more easily?
- Having negative thoughts that you can't shake?
- More tired than usual?
- In Pain?
- Not as interested in your hobbies or social activities?

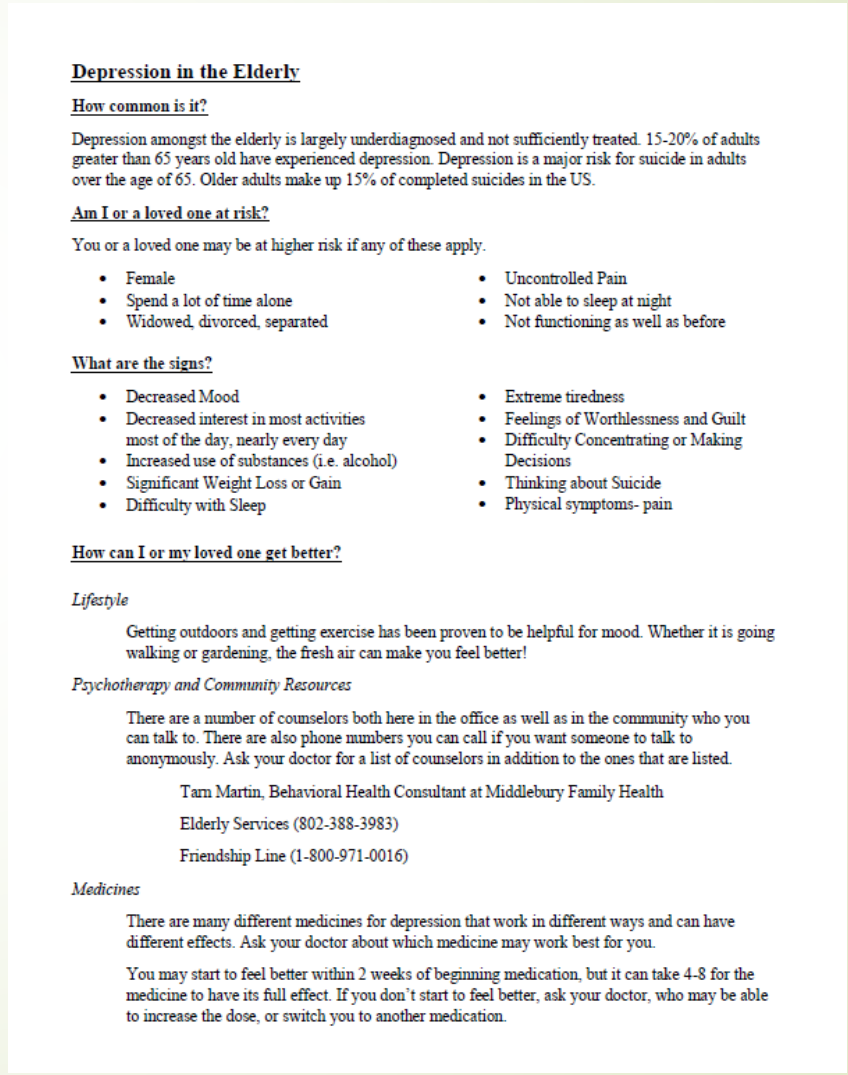
If many or all of these apply to you, you may be depressed.

You're not ALONE.

You CAN feel better!

- Ask your doctor about a 2 question depression screening tool
- Ask your doctor about possible medication and lifestyle options
- You can set up a free meeting with Tarn Martin, the Behavioral Health Consultant at Middlebury Family Health
- Contact Elderly Services to set up a meeting to speak with a counselor
- Call the Friendship Line at **1-800-971-0016** if you have a crisis or just want someone to talk to

Contact your doctor if you have any questions or concerns.



Depression in the Elderly

How common is it?

Depression amongst the elderly is largely underdiagnosed and not sufficiently treated. 15-20% of adults greater than 65 years old have experienced depression. Depression is a major risk for suicide in adults over the age of 65. Older adults make up 15% of completed suicides in the US.

Am I or a loved one at risk?

You or a loved one may be at higher risk if any of these apply.

- Female
- Spend a lot of time alone
- Widowed, divorced, separated
- Uncontrolled Pain
- Not able to sleep at night
- Not functioning as well as before

What are the signs?

- Decreased Mood
- Decreased interest in most activities most of the day, nearly every day
- Increased use of substances (i.e. alcohol)
- Significant Weight Loss or Gain
- Difficulty with Sleep
- Extreme tiredness
- Feelings of Worthlessness and Guilt
- Difficulty Concentrating or Making Decisions
- Thinking about Suicide
- Physical symptoms- pain

How can I or my loved one get better?

Lifestyle

Getting outdoors and getting exercise has been proven to be helpful for mood. Whether it is going walking or gardening, the fresh air can make you feel better!

Psychotherapy and Community Resources

There are a number of counselors both here in the office as well as in the community who you can talk to. There are also phone numbers you can call if you want someone to talk to anonymously. Ask your doctor for a list of counselors in addition to the ones that are listed.

Tarn Martin, Behavioral Health Consultant at Middlebury Family Health

Elderly Services (802-388-3983)

Friendship Line (1-800-971-0016)

Medicines

There are many different medicines for depression that work in different ways and can have different effects. Ask your doctor about which medicine may work best for you.

You may start to feel better within 2 weeks of beginning medication, but it can take 4-8 for the medicine to have its full effect. If you don't start to feel better, ask your doctor, who may be able to increase the dose, or switch you to another medication.

Evaluation of Effectiveness

- The flyer has been posted to multiple locations within the MFH office space.
- Because of the short duration of need assessment and implementation thus far, effectiveness can not yet be determined.
- Moving forward, in addition to a qualitative assessment by the physicians at MFH about if there is an increase in discussions about depression amongst elderly patients, a chart review can be completed to determine if there is an increase in new diagnoses of depression amongst adults older than 65 within the next year.
- A comparison study can also be done to see whether there are more referrals made to Tarn Martin, the in-house behavioral health counselor, in the upcoming year versus the previous year.

Limitations

- As some of the available data regarding the prevalence of late-life depression is slightly dated, current prevalence may actually be different given the evolving stigma regarding the illness of depression
- Literacy in English is required to be able to read both the flyer and the patient handout.
- The education handout has not been used by the physicians yet to give to patients, and physicians must remember that it is available for them to provide.
- Patients may overlook this particular flyer because there are many other flyers posted in the office.
- Because of the nonspecific symptoms associated with depression that are listed on the flyer, patients may believe they are depressed when they in fact have other conditions and situations leading to their symptomology, which will may prove to be a limitation towards quantitative assessment of effectiveness.

Recommendations for Future Interventions/Projects

- Development of flyers and handouts in multiple languages based on local demographics.
- IRB approved survey quantifying patient as well as provider knowledge about depression in the elderly.
- Qualitative Study of demographics and risk factors associated with positive PHQ2 and PHQ9 depression screening questionnaires filled out by patients older than 65 years old
- Quantifying community-specific risk factors among elderly patients who see counselors for depression and anxiety
- Determining Barriers to Identification and treatment of Depression in the Elderly Specifically in Addison County
- Increased Patient Education about Depression, Anxiety, and Stress for Caretakers of Elderly Individuals

References

- Images used on documents were free of restrictions to modify, share and use.
- [1]*CDC Promotes Public Health Approach To Address Depression among Older Adults.* 6/12/16. http://www.cdc.gov/aging/pdf/cib_mental_health.pdf
- [2]*Vermont County Profiles for Medical and Health Students/Residents.* 6/05/2016. https://www.uvm.edu/medicine/ahec/documents/VermontCountyProfiles.pdf
- [3]*2012 Vermont Policy Academy State Profile.* 6/05/2016. http://www.aoa.gov/AoA_Programs/HPW/Behavioral/docs2/Vermont%20Epi%20Profile%20Final.pdf
- [4]U.S. Surgeon General, 1999: Older adults and mental health. In: Mental health: a report of the surgeon general, 1999. 6/10/16. www.surgeongeneral.gov/library/mentalhealth/chapter5/sec1.html.
- [5]Unutzer, J., Schoenbaum, M., Katon, W., Fan, M., Pincus, H., Hogan, D., & Taylor, J. (2009). Healthcare costs associated with depression in medically Ill fee-for-service medicare participants. *Journal of the American Geriatric Society*, **57**, 506–510. doi:10.1111/j.1532-5415.2008.02134.x

Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. **Yes _X_ / No _____**

Name: Tarn Martin, MSW

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.